



**REPORT OF INTERDISCIPLINARY  
EVALUATION TEAM**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_

COMMONWEALTH OF KENTUCKY  
PETITIONER

VS.

RESPONDENT

\* \* \* \* \*

We, the undersigned, hereby report to the court as follows:

1. That the nature and extent of the Respondent's disabilities may be described as follows:

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2. That the evaluations ordered regarding the Respondent are current and were performed and signed by the following individuals:

Evaluation	Name	Title	Date Performed
Intellectual:			
Physical:			
Educational:			
Adaptive Behavior:			
Social Skills:			

3. That guardianship:

☐ Is needed for the following reason:

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☐ Is not needed for the following reason:

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4. That the recommendation(s) of the type, scope, and duration of guardianship for the Respondent is/are as follows:

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5. That conservatorship:

☐ Is needed for the following reason:

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☐ Is not needed for the following reason:

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6. That the recommendation(s) of the type, scope, and duration of conservatorship for the Respondent is/are as follows:

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7. That the social, educational, medical, and rehabilitative services currently being provided to the Respondent are as follows:

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8. That appropriate alternatives to guardianship/conservatorship:

☐ Are available (explain):

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☐ Are not available (explain):

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9. That the recommendations and reasons as to the most appropriate treatment or rehabilitation plan and living arrangement for the Respondent are as follows:

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10. That for the Respondent to attend the hearing on the Petition filed herein:

☐ Would subject him/her to serious risk of physical harm.

☐ Would not subject him/her to serious risk of physical harm.

11. That appended hereto is a list of all medications currently being given the Respondent on a continuous basis, the dosage of the medication, and a description of its impact upon the Respondent's mental and physical condition.

12. That any dissenting opinions or other comments are as follows:

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Date

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Signature of Licensed Physician

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Signature of Licensed/Certified Psychologist

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Signature of a Social Worker with  
Graduate Degree in Social Work

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Signature of Other

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Name of Facility or Agency

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Address

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Telephone Number